Final Report of the
Deaf, Hard of Hearing,
& Deaf-Blind
Needs Assessment Project
August, 2001

A LOOK AT ALCOHOL AND OTHER DRUG ABUSE AND DEAF, HARD OF HEARING, AND DEAF-BLIND PERSONS IN WISCONSIN

The Bureau of Substance Abuse Services wishes to acknowledge the exceptional contributions of the advisory workgroup, Carol Burns, Jeff Gray, Sally Raschick, Linda Russell, and Ron Sanders, without whom this study could not have been completed. Parts of this document were originally published by the National Resource Center on Substance Abuse Prevention and Disability. Today, the Center is no longer in existence. The information has been updated to bring it current with knowledge, study, and experience in the treatment of deaf and hard of hearing persons in Wisconsin.

Introduction

This report is the result of a key informant needs assessment and information gathering process undertaken by the Wisconsin Bureau of Substance Abuse Services and an advisory workgroup consisting of representatives from the Bureau for the Deaf and Hard of Hearing, the Bureau of Community Mental Health, Self-Help for the Hard of Hearing, Wisconsin Association for the Deaf, University of Wisconsin Hospitals and Clinics, and the Adams County Department of Community Programs. The information is intended to inform Wisconsin policy makers and practitioners about the substance abuse treatment needs of persons who are Deaf, late-deafened, hard of hearing, or deaf-blind.

Persons with hearing disabilities are frequently referred to as "the hearing impaired". This is both inaccurate and inappropriate. It is important to distinguish between those who are "Deaf," those who are "late-deafened," and those who are "hard of hearing." Deaf describes both a hearing status and a cultural affiliation. Persons who are Deaf use sign language (usually American Sign Language) as a primary means of communication rather than speech and hearing. Persons who are late-deafened experience deafness later in life and may or may not use sign language. Persons who are hard of hearing typically use their speech and limited hearing for communication (often with the assistance of hearing aids). "Deaf-blindness" means a hearing disability coupled with a visual disability, the combination of which causes severe communication problems.

Deaf persons and hard of hearing persons see themselves as two distinct groups. Deaf individuals typically prefer to be treated by/with other Deaf people as opposed to mainstream programs. This is because people who are Deaf do not identify with the medical model of treatment and instead embrace a cultural model that emphasizes their abilities within the Deaf community and their own language and values. This is entirely appropriate since most rely on American Sign Language (ASL) to communicate, and there is a strong need to identify with the counselor or therapist and peers. Deaf consumers are an underserved population, in part because they do not know about available services, but also because programs have not been accessible to them. Hard of hearing individuals may seek treatment from mainstream programs, however, they most benefit from programs that have assistive listening devices available and that address coping with the hearing loss in treatment plans.

Communication issues make it difficult for recovering Deaf persons to participate in mainstream support groups like Alcoholics Anonymous unless it is a Deaf-only AA group, and few are available. For example, the city of

Milwaukee has a Deaf AA group. La Crosse and Fond du Lac AA groups have interpreters available if needed. Madison has a weekly special needs group that is interpreted.

In summary, not only is language different, but there are also great differences between the Deaf culture and the mainstream hearing culture. Isolation can result which would be a barrier to sustaining recovery. Consequently, many Deaf and hard of hearing individuals remain untreated or under-treated.

Deaf and Hard of Hearing Population Statistics

According to a survey taken by the National Center for Health Statistics and endorsed by Gallaudet University, 8.6 percent of the general population are deaf or hard of hearing; .49 percent are deaf and cannot hear any speech (Deaf and late-deafened), and 8.11 percent are hard of hearing.

Since 99.9 percent of Wisconsin's substance abuse treatment population lies in the age range of 14 to 79, this population will be used to estimate prevalence. According to the 2000 Census, there are 4,035,035 persons age 14 to 79 living in Wisconsin. For the purposes of assessing needs for substance abuse treatment, 347,013 persons (8.6%) living in Wisconsin are deaf or hard of hearing; 19,772 (.49%) are Deaf and late-deafened, and 327,241 (8.11%) are hard of hearing.

The prevalence of deaf-blindness is much less than that of deafness. The Annual Deaf-Blind Census (Western Oregon University) reports about 140 deaf-blind teenagers in Wisconsin, and there are an additional 1,110 adults with deaf-blindness for a total of 1,250 deaf-blind persons.

Prevalence of Substance Use Disorders Among Deaf and Hard of Hearing Persons

There are generally two recognized types of substance use disorders, namely "abuse" and "dependence," which have separate and unique medical definitions. For the purposes of this report, a substance use disorder is defined as a harmful pattern of substance use leading to clinically significant impairment in physical, psychological, interpersonal, and/or vocational functioning.

Two Wisconsin studies are important in determining the prevalence of substance abuse among deaf and hard of hearing persons. The first is a 1989 study entitled *The Incidence of Alcohol Use by People with Disabilities: A Wisconsin Survey* (by the Wisconsin Office for Persons with Physical Disabilities). This study showed that the incidence of heavy drinking among deaf persons in Wisconsin was equal to that of the general population. The second is *Checking the Alcohol and Other Drug Health of Wisconsin Residents: 1997* (by the Wisconsin Survey Research Laboratory). This study found that substance abuse or dependence occurs among 10 percent of Wisconsin's adult population. If we apply this 10 percent incidence of substance abuse or dependence to the deaf and hard of hearing population, the following results:

Deaf and late-deafened persons in need of substance abuse treatment	1,977
Hard of hearing persons in need of substance abuse treatment	32,724
Total	34,701

See Appendix A for a county-by-county breakdown of the above-described prevalence figures. No substance abuse prevalence estimates are available for the deaf-blind population.

The Treatment Gap

A 1999 study by the University of Wisconsin Center for Health Policy and Program Evaluation (*Combined Analysis of the State Treatment Needs Assessment Program Studies*) found that only about 21 percent of all persons in need of substance abuse treatment actually receive it. According to the State's Human Services Reporting System, 34 deaf persons were recorded as receiving publicly supported substance abuse treatment in 1999. Medicaid-supported substance abuse treatment was provided to another 134 deaf or hard of hearing persons (see Appendix B). It is likely that yet another 40-50 persons received privately funded treatment. Yet even with 218

deaf or hard of hearing persons reported to be receiving treatment statewide, the rate of treatment (218/34,701 or .6%) is far below that of the general population (21%). A 1997 survey by the Bureau of Substance Abuse Services found that one-third of county substance abuse provider agencies had no contact with deaf persons at all. Information such as this was part of the impetus for this deaf and hard of hearing study.

More About Deafness

Causes of deafness vary but are principally a result of heredity, meningitis, premature birth, pregnancy or delivery complications, and infections. Historically, Deaf children attended residential schools that were fully accessible. Instruction was usually provided in American Sign Language (ASL). Dorm life, clubs, sports, church, and even part time jobs were all lived out using ASL. The children were exposed to Deaf role models on the school's faculty and staff. The relationships formed in schools for the Deaf were lifelong relationships and provided the context for the development of a rich culture. Today, despite increased mainstreaming and accommodation, most Deaf persons prefer to socialize with and marry within their culture.

Communication is a complex issue. The majority of Deaf people in this country who use sign language, use ASL - a language with its own vocabulary and syntax. ASL is a visual language and is processed by a different portion of the brain than that which is used for oral language.

Just as English is a second language for French people, English, as we know it, is also a second language for most Deaf people in America. It is important for hearing professionals to realize that a Deaf person is probably much more fluent in his/her native language - ASL, than what we generally consider the English language. Hearing persons should keep this in mind whenever English is communicated to Deaf persons whether through writing, reading, or speaking. Therefore, progress in treatment will be directly related to communication.

Alcohol and other drug abuse outreach, treatment, and aftercare all too often do not take into account the cultural, language, or communication differences indigenous to people who are Deaf. The inability of social and health care agencies, the legal system, and school or work environments to communicate appropriately with Deaf persons has enabled Deaf people to escape the normal consequences of alcohol and other drug abuse, thereby perpetuating these problems. People who are Deaf are sensitive to the social stigma associated with alcohol and other drug abuse because it constitutes another negative label. This reluctance to address alcohol and other drug abuse issues leads to social isolation and even more problematic consumption of substances.

More About Persons Who Are Hard of Hearing or Late-Deafened

Persons who consider themselves hard of hearing vary greatly in the type and extent of their hearing loss, their age of onset, their ability to benefit from amplification, and such. Typically hard of hearing persons do not learn sign language and do not participate in the Deaf culture. Their hearing may have diminished as they grew older. Usually they function within society's mainstream, though often restricted in the extent of their participation in activities requiring a lot of communication.

The hard of hearing person often relies on assistive listening devices, such as hearing aids, amplifiers, induction loops (audio loop), captioning, and such. Many of these devices, including hearing aids, amplify sound and can be beneficial for many, though not all hard of hearing persons. The type and extent of the hearing loss, the type of device available, and the individual's ability to decode meaning from partial sounds are but a few of the factors that affect how much one can benefit from these devices.

As described earlier, persons who are late-deafened may or may not use a formal sign language, and communication with these persons is an even greater challenge.

There is an assumption that all hearing losses other than profound deafness are similar in nature. People with a moderate or mild hearing loss are

often perceived as being no different from those who can hear. This inaccurate perception can result in the failure of treatment and prevention service programs to respond to the needs of people who are hard of hearing. On an individual level, this insensitivity to a person's special needs can lead to a negative self-perception and a sense of social stigma. The person with hearing loss may withdraw from the hearing world or deny the existence of a hearing loss. These behaviors lay the groundwork for isolation and a high level of frustration which may increase the risk of alcohol and other drug abuse among hard of hearing people.

It is also likely that a hard of hearing or late-deafened person is unaware of the technological advances that can assist them and so helping agencies must address this too.

Treatment for Deaf and Hard of Hearing Persons

Few, if any, substance abuse treatment centers in Wisconsin are truly accessible to Deaf persons. Having access to an interpreter does not mean the program is accessible. A program must meet intertwined cultural and communication needs and have effective outreach and aftercare support components.

Deaf persons often view counseling as "talking," can't identify with hearing counselors or group members, and may even mistrust them altogether. While using an interpreter is a matter of choice for a Deaf person and is clearly supported in the Americans with Disabilities Act (ADA), an interpreter can interfere with the establishment of a positive counselor-client relationship and many Deaf persons are uncomfortable with making this choice. The inability to communicate freely and easily with the counselor can inhibit meaningful therapy. The first choice would be a Deaf counselor and, if not available, a counselor who is fluent in American Sign Language. Without this, Deaf clients often go back to drug-using friends for companionship or are isolated because no other support is available. In general, those treatment programs that are successful with Deaf persons are characterized by the following:

1. They undertake efforts to educate Deaf and hard of hearing community members regarding the effects of substance abuse and the benefits of treatment for substance abuse.
2. They seek program accessibility via direct communication by staff members fluent in American Sign Language (ASL), use of certified interpreters, assistive listening technologies, and adapted program materials.
3. They have Deaf staff or staff who are culturally competent and knowledgeable about Deaf culture and substance abuse.
4. Treatment is based upon individualized assessments.
5. There is recognition that treatment plans must address coping with hearing loss, natural supports, a strengths perspective, and a self-sufficiency (employment) focus.

Recommendations for Mainstream Treatment Programs

This study has described four different groups of persons for whom there are special communication needs. While the above five points are goals to work towards, this section of the report will offer some interim recommendations to mainstream treatment professionals in providing care to Deaf and hard of hearing persons. It is strongly recommended that mainstream treatment programs reach out to Deaf and hard of hearing persons and let them know that they are welcome at your agency and can receive help for substance use problems. ***Communication*** is the key to understanding their needs and providing effective care. ***It is imperative that the mainstream treatment counselor continually assess whether or not communication is occurring.***

Deaf Persons. It is our plan to establish a Deaf-specific treatment program in Wisconsin, that is, Deaf counselors using clinically appropriate assessment and treatment tools. However, in the interim and with the consent of the Deaf client, we are recommending that mainstream counselors attempt to utilize an ASL-certified "hearing" interpreter and a "Deaf" interpreter/mentor (to relay information in the language of the Deaf person) who both have substance abuse treatment

and Deaf culture training and experience (see Appendices C or D for your regional contact regarding interpreter services).

Mainstream agencies should reach out to Deaf persons with substance use disorders, obtain training in Deaf culture, and work to develop a Deaf support group in the community. It is extremely important to remember that written and spoken English, as we know it, is a second language for a great many Deaf persons. Some Deaf persons can lip read, but it is important to find out how the person desires to communicate.

In addition to a typical psychosocial assessment, an assessment with a Deaf person should also determine the extent to which the Deaf person identifies with or is separate from mainstream culture and the types of communication that are effective. This will help the counselor understand the degree to which the Deaf client will be able to relate to the counselor and establish an effective counselor-client relationship. Group counseling that mixes Deaf persons with hearing persons is never recommended nor is the use of a family member for interpreting. The pace of individual counseling with a Deaf person will depend upon the pace of communication. Family involvement is strongly encouraged.

Apart from important cultural issues, language, communication, and the pace, treatment and recovery are not that much different from mainstream treatment. Some Deaf-specific counseling session content materials (*Clinical Approaches Manual*) are available from the Minnesota Chemical Dependency Treatment Program for the Deaf and Hard of Hearing at Fairview-University Medical Center, Minneapolis (1-800-282-3323). If residential treatment is indicated, a referral could be made to Fairview-University (also 1-800-282-3323). The Treatment Program is Wisconsin Medicaid-eligible under a border-states agreement.

Late-Deafened Persons. Late-deafened persons pose a unique challenge to treatment professionals particularly if the person does not use sign language. The creative use of a keyboard (computer word processing program) may be effective for communication during intake and individual sessions. If the deaf person agrees, the counselor and client could sit side by side and take turns typing their conversation at the keyboard (keyboard counseling). The Wisconsin Relay System (see Appendix E) or a TTY (text) telephone can also be a useful communication tool for telephone contacts with deaf persons. America Online, through the Internet, has a "chat" feature (Instant Messenger) that facilitates keyboard conversation for home contacts and is a good substitute for a TTY if the client has a computer and internet access.

Hard of Hearing Persons. Hard of hearing persons may be treated in mainstream programs if accommodations are made for their hearing needs. Induction loop systems in counseling offices or group rooms may be effective. It is recommended, however, that hard of hearing clients be involved in decisions about whether or not to include them in regular treatment groups. Keyboard counseling mentioned above may also facilitate communication, depending upon the amount of hearing loss and the individual's keyboard skills. It is also strongly recommended that professionals include coping with hearing loss in treatment plans and individual sessions.

Deaf-Blind Persons. The recommendations for deaf-blind persons are similar to those for Deaf persons. Enlist the services of a deaf-blind interpreter (Center for the Deaf-Blind: 414-481-7477). Have forms and other materials translated to Braille or large print (18 point font). One resource for example, is the state Bureau for the Blind (608-266-3109) which has a computer with Braille conversion software and a Braille printer.

History of Deaf-Specific Treatment in Wisconsin

The legislative intent of the deaf and hard of hearing program, which began in the late 1980's (1989 Wisconsin Act 31, Section 3023), was to establish an alcohol and other drug abuse treatment program for the deaf and hard of hearing within an existing treatment program. Past experience with implementing deaf-specific services in both an

urban and rural area has resulted in the program being unable to attract sufficient consumers to justify its existence. Therefore, a fresh new approach has been envisioned for the future of this program whereby key informants from the Deaf and hard of hearing communities as well as treatment providers are being surveyed to determine the best way to implement the program. In addition, a partnership with the Wisconsin Association for the Deaf (WAD) and Self Help for Hard of Hearing (SHHH) will continue as plans are implemented.

The Needs Assessment Study Method

Staff of the State Bureaus of Substance Abuse Services (BSAS) and Community Mental Health (BCMH) enlisted the research expertise of Innovative Resource Group (Jeff Gray) and Deaf community advocate and president-elect of the Wisconsin Association for the Deaf (Linda Russell) to conduct the study and surveys. In addition, an advisory workgroup was formed to review the study's findings and make recommendations. Mr. Gray, Ms. Russell, BCMH, BSAS, and the Bureau for the Deaf and Hard of Hearing were involved in the development of the mail survey and interview questionnaires (Appendices F and G). In general, the surveys sought input into the design and implementation of accessible substance abuse treatment services. Mail surveys were completed by 39 provider agencies consisting of Wisconsin substance abuse treatment agencies, deaf service agencies, and out-of-state deaf-specific treatment agencies. Completed questionnaires were received from individual members of Wisconsin's Deaf community (n=43). Thirty-six members of Self-Help for the Hard of Hearing also completed questionnaires.

Principal Survey Findings: Substance Abuse Service Providers

At the outset, it is important to emphasize that a specialized substance abuse treatment program for deaf or hard of hearing persons does not currently exist in Wisconsin. One-third of the substance abuse treatment providers responding to the survey reported that they had a staff person who could "sign." A further examination revealed that none of the reported "signers" were certified in American Sign Language interpreting, which would be a minimum prerequisite for an effective interpreter. Of those providers who had served deaf persons, most hired interpreters from agencies or Technical Colleges such as:

Communication Link (1-800-542-9838; $39/hr; $43/hr for Deaf-Blind interpreter)
The Speech Source (414-964-3497; $50/hr)
The Interpreter Connection (1-888-744-6463)
Professional Interpreting Enterprise (414-282-8115; $53/hr)
Fox Valley Technical College (920-996-2870; $30/hr)
Hearing Loss and Deafness Program (920- 682-4663)
CSD of Wisconsin (DeaFirst; 608-224-2195)

Twenty-six percent of the treatment providers (which includes the out-of-state respondents) reported that they had a formal treatment protocol for treating deaf or hard of hearing persons. Forty-one percent of the treatment providers reported that they had screened deaf or hard of hearing persons, and 27 percent had treated deaf or hard of hearing persons.

Principal Survey Findings: Deaf Community

Deaf community survey respondents were principally from Deaf Clubs in Delavan, La Crosse, Madison, Milwaukee, Stevens Point, and Wausau. It was their opinion that Deaf persons are not seeking treatment because they cannot communicate effectively with counselors in mainstream treatment programs. Even among respondents who had sought services themselves or knew of someone who did, 83 percent said there were significant communication barriers encountered in substance abuse treatment. On a positive note, 65 percent who received or knew of someone who received treatment from mainstream programs got the help they needed and would encourage others to seek services there.

The Principal Survey Findings: Hard of Hearing Community

Thirty-six members of the Wisconsin Association

of Self Help for Hard of Hearing People, Inc. (SHHH) completed surveys. Twenty different counties were represented in the sample. Sixty-one percent of the hard of hearing respondents were over age 60. Only four of the 36 respondents had direct experience with substance abuse treatment programs. These four individuals identified support systems, assistive listening systems, and the ability to pay for services as the principal barriers to treatment and added "having a program close to home" as an important additional need. These issues were not unlike those identified by Deaf persons. Eighty percent agreed that specialized programs are needed for Deaf and hard of hearing persons. The first choice for the state to spend its funds on was assistive listening systems.

Principal Survey Findings: Barriers and Needs

While there were some differences among providers, the Deaf community, and the hard of hearing community in the specifics about perceived service barriers and needs, the majority of survey respondents agreed that communication is a significant barrier to services. Lack of interpreters (meaning availability of and funds for) and counselors who can sign were rated by the Deaf community, deaf service providers, and substance abuse service providers as the top two service barriers.

The majority of survey respondents from the Deaf community, hard of hearing respondents, deaf services providers, and substance abuse service providers agreed that there should be specialized programs for the deaf and hard of hearing.

When asked how the state should spend public dollars set aside for deaf and hard of hearing treatment, more pronounced differences emerged among the different groups of survey respondents. The Deaf community respondents favored the training of Deaf persons to become AODA counselors. Hard of hearing respondents favored assistive listening systems. Deaf service providers favored providing substance abuse prevention and education within the Deaf community. Substance abuse provider respondents favored training counselors in sign language and Deaf culture. See the chart in Appendix H for a rank ordering of barriers and needs.

Statewide Program Recommendations

The advisory workgroup consisting of representatives from the Bureau for the Deaf and Hard of Hearing, the Bureau of Community Mental Health, Bureau of Substance Abuse Services, Self-Help for the Hard of Hearing, Wisconsin Association for the Deaf, University of Wisconsin Hospitals and Clinics, and the Adams County Department of Community Programs, voted on and ranked the following recommendations.

<u>Short-Term Goals (years 1 and 2)</u>

1. Develop on-going, natural, community-based Deaf and hard of hearing recovery support groups (funds to support consultants; facilitators; advertising; printing; supplies; assistive listening systems; interpreters; meeting space).

Outcome: Increase the number of counties with at least one Deaf and one hard of hearing recovery support group.

2. Conduct proven substance abuse prevention, education, and awareness activities among the Deaf community and hard of hearing (funds to support consultants; speakers; advertising; printing; supplies; assistive listening systems; development of materials; interpreters; meeting space).

-for activities in Deaf day schools
-for activities at Deaf clubs
-for other activities that target Hard of Hearing persons

Outcome: Increase the number of Deaf and hard of hearing persons exposed to accurate information about the nature and course of alcohol and other drug abuse.

3. Educate substance abuse treatment program counselors, supervisors, and managers statewide about the unique needs of Deaf and hard of hearing persons by conducting a clinical teleconference and training workshops and disseminating written materials.

Outcome: Increase the number of mainstream substance abuse professionals who are proficient in intervention,

evaluation, and counseling with Deaf and hard of hearing persons.

4. Set aside funds (e.g. 50 percent of the hourly fee) to subsidize treatment providers costs for certified interpreters. The average hourly rate is $50; subsidize at $25 per hour.

Outcome: Increase the number of substance abuse service providers using ASL-certified interpreters and Deaf interpreters/mentors.

5. Require six hours of Deaf-specific needs and culture training as a prerequisite for counselor certification.

Outcome: (as in #3) Increase the number of mainstream substance abuse professionals who are proficient in intervention, evaluation, and counseling with Deaf and hard of hearing persons.

6. Set aside funds to subsidize county agency costs (including the non-federal Medicaid portion) for residential alcohol/drug dependency treatment at the following out-of-state Deaf treatment center. Residential services must be indicated through the use of Uniform Placement (UPC) or American Society of Addiction Medicine (ASAM) criteria or in situations where the Deaf person is not a good candidate for interpreted counseling:

Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals at Fairview-University Medical Center, Minneapolis (800-282-3323 V/TTY; $440/day; Medicaid eligible)

Outcome: Increase the number of Deaf and hard of hearing persons receiving culturally and communication competent substance abuse services which meet their unique needs and achieve sustained recovery.

7. Provide funds to substance abuse treatment agencies and county agencies for assistive listening devices and systems (TTY phones; FM and induction loop systems; telephone amplifiers)

Outcome: Increase the number of counties with at least one substance abuse service provider that is accessible to hard of hearing persons.

Long-Term Goal (years 3 and 4)

8. Establish a viable Wisconsin Deaf residential substance abuse treatment program based upon an effective model that is located in proximity to the Deaf community.

Outcome: (as in #6) Increase the number of Deaf and hard of hearing persons receiving culturally competent substance abuse services which meet their unique needs, particularly those needing residential treatment and achieve sustained recovery.

Due to population size, limited funds and the need to establish effective, on-going approaches, most initial activities will likely target Milwaukee and surrounding counties and will expand to other counties over time and as resources become available.

Wisconsin Association for the Deaf (WAD) Conference: Public Hearing

At the request of the Deaf community, an opportunity for public reaction to the recommendations was arranged. On June 24, 2001, a public meeting was held at the WAD annual conference to present the results of the needs assessment and obtain a reaction from the Deaf community. While there were only a few in attendance at the public hearing session, the comments did affirm the recommendations and added the following:

-Don't leave out rural areas of the state
-Obtain more funds
-Coordinate activities with mental health service programs
-implement recommendations in partnership with WAD

Implementation Plan

A series of implementation meetings with the partners listed below will be held once this report is approved. The purpose of these meetings will be to identify a vendor or vendors who will carry out the recommendations. All recommendations are to be carried out as a collaborative effort among the following:

Agencies
Bureau of Substance Abuse Services
Bureau of Community Mental Health
Bureau for the Deaf and Hard of Hearing
Wisconsin Association for the Deaf
Wisconsin Self Help for Hard of Hearing People, Inc.

Consultants
Independent Living Centers
Wisconsin School for the Deaf
John Reske (Deaf AA Facilitator; TTY 414-546-3246)
Keven Poore, Halfway Home Project, NJ
Marcia Sobota (Gundersen Lutheran Medical Center, La Crosse; 608-796-8646)
Carol Schweitzer (Department of Public Instruction)
Division of Vocational Rehabilitation

Deaf and Hard of Hearing Priorities Identified from the Surveys

DHH Community	Hard of Hearing Community	Deaf Providers	Substance Abuse Providers
Barriers: 1. lack of interpreters 2. counselors who can sign 3. deaf counselors 4. ability to pay for services 5. support system	Barriers: 1. support system 2. assistive listening systems 3. ability to pay for services	Barriers: 1. counselors who can sign 2. lack of interpreters 3. support system 4. counselors who understand dhh culture 5. accessible programs 6. deaf counselors 7. ability to pay for services	Barriers: 1. counselors who can sign 2. lack of interpreters 3. counselors who understand dhh culture 4. accessible programs
Important Needs: 1. counselors who can sign 2. interpreters 3. support system 4. program close to home	Important Needs: 1. assistive listening systems 2. support system 3. program close to home		
Specialized Programs Needed? 90% say yes (50% strongly agree)	Specialized Programs Needed? 80% say yes (50% strongly agree)	Specialized Programs Needed? 100% say yes (80% strongly agree)	Specialized Programs Needed? 58% say yes (21% strongly agree)
How should state spend funds? 1. encourage/train deaf persons to be counselors 2. train counselors in sign language and deaf culture 3. train interpreters in AODA services terminology 4. AODA prev/ed in deaf community 5. separate AODA programs 6. separate aftercare support groups	How should the state spend funds? 1. purchase assistive listening systems 2. separate aftercare support groups 3. separate AODA programs 4. encourage/train deaf persons to be counselors 5. train counselors in sign language and deaf culture	How should state spend funds? 1. AODA prev/ed in deaf community 2. separate AODA programs 3. train counselors in sign language and deaf culture 4. train interpreters in AODA services terminology 5. encourage/train deaf persons to be counselors	How should state spend funds? 1. train counselors in sign language and deaf culture 2. AODA prev/ed in deaf community 3. encourage/train deaf persons to be counselors 4. train interpreters in AODA services terminology 5. separate AODA programs

WISCONSIN RELAY SYSTEM

What is the Wisconsin Relay System?

The Wisconsin Relay System provides a vital link for effective telephone communication between Deaf or Hard of Hearing persons and hearing persons. For example, a deaf person using a TTY (text telephone) can speak to a hearing person using a regular voice telephone and vice versa through the Wisconsin Relay System. Calls are passed through highly trained operators who act as the go between or "interpreter". During a call, the operator will "voice" what is said to the hearing persons and "text type" what is said to the Deaf person.

Making a relay call...

Hearing persons using a regular voice telephone:

1. Dial the Wisconsin Relay System's toll free voice number:

   1-800-947-6644

2. A relay operator will answer with:

   Wisconsin Relay CA# 0000 Go Ahead.

3. Provide the relay operator with the area code and number you want to call.

4. Speak clearly and at a moderate pace.

Deaf or Hard of Hearing persons using a TTY:

1. Dial the Wisconsin Relay System's toll free TTY number:

   1-800-947-3529

2. A relay operator will answer with:

   WRS CA 0000 GA

3. Provide the relay operator with the area code and number you want to call.

Confidentiality

All calls handled by the Wisconsin Relay System are kept strictly confidential. As required by law, no relay employee can disclose information from a relay conversation, and no records of any relay conversation are saved in any format.